

City of Fort Lauderdale
300 NW 1 Avenue
Fort Lauderdale, Florida 33301
(954) 761-5195

OCCUPATIONAL LICENSE APPLICATION

Date _____ Business Phone _____

Business Name _____

Business Address _____ Zip Code _____

Mailing Address (if different) _____ Zip Code _____

City and State _____

Name of Business Owner/President _____ Date of Birth _____

Address _____

Driver's License # and State Issued (Attach copy of DL) _____ SS# _____

Corporation Name (if applicable) or D/B/A (Fictitious name) _____

Corporation Charter # (if applicable) _____

Name of Corporate Officers with Titles, and Date of Birth

_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____

Federal Tax # _____ Type of Business _____

Type of Products/Services/Businesses Offered (in sufficient detail to enable the City to determine the proposed activity does not violate any ordinance or statute) _____

Doe Your Business Feature, Promote, Depict, or Display Any Type of Nudity?

Yes () No () If Yes, Please Explain _____

Approximate Square Footage _____ Number of Employees _____

State License # _____ Type _____ Expiration Date _____

Certificate of Competency # _____ Type _____

Federal License # _____ Type _____ Expiration Date _____

Is this business a relocation to Fort Lauderdale? Yes () No () If Yes, please list the previous location(s) regarding this business _____

I hereby declare that all information provided in this application is true and correct and further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any licenses or permits issued by the City of Fort Lauderdale which were based upon information provided in this application. I further understand that if there are any subsequent changes in the operation of my business as stated above, that I will agree to file the necessary application and seek prior approval from the City of Fort Lauderdale for any such changes. Failure to obtain the necessary approval will result in the loss of any licenses or permits issued by the City of Fort Lauderdale that were based on this application.

Business Owner/Applicant Signature _____

Print Name _____

Sworn To and Subscribed before me
this _____ day of _____ 19____

Notary Public

Note: Florida statutes require that all dance studios, health studios, sellers of travel, motor vehicle repair shops, and telemarketing businesses, etc, must show proof of current registration or exemption certificate from the Department of Agriculture and Consumer Services. For additional information, please call 1-800-HELP FLA.

Note: The Fort Lauderdale Economic Development Department is here to help your business grow. If you would like to discuss how we can be of service, check here. ()